

## Medical Matters.

### ANCHORING THE KIDNEY.



DURING recent years considerably more attention has been paid to the condition known as movable or floating kidney than was formerly the case, and it has been found that many patients who are suffering from prolonged and severe pain in the back are really afflicted by this complaint. Beyond this, it has been shown that there is a serious danger connected with this abnormal mobility of the kidney, because, by a twist in the organ, a corresponding twist is occasioned in the ureter, and therefore the urine cannot pass down the duct into the bladder. Consequently, the condition known as cystic disease is developed, the pressure of the retained urine in the kidney causing destruction of tissue, and therefore in time a complete destruction of the kidney substance, so that in an advanced case the organ is converted into a bag of urine with thin walls which are simply the outer covering of the original kidney. It is, therefore, becoming recognised as important that when the condition of movable kidney is found, measures should as soon as possible be taken to fix the organ in its proper position, and so prevent the movements which lead to such serious consequences. A new operation has recently been described for this purpose, to which the title of "anchoring the kidney" has been given. It consists, briefly, of the following steps: An incision is made in the back over the implicated kidney and through the muscles until the abdominal cavity is opened; then the fingers are introduced, the kidney is pulled back to its proper position, and a needle passed first through the muscles, then through the upper and inner parts of the cortical substance of the kidney, and then through the muscles out to the skin on the opposite side. Another needle is then passed through the muscles and the upper and outer parts of the kidney and again through the muscles and skin on the opposite side. The surface of the kidney is then roughly scarified so as to set up some inflammatory adhesions between this and the abdominal surface. The sutures are tied, not with such force as to cut through the kidney substance, but sufficiently tightly to keep the organ firmly anchored against the back. The rest of the wound is closed in the ordinary manner by deep and superficial stitches, and the patient is kept perfectly quiet for some time, the sutures being removed after about ten days or a fortnight. The results

which have been obtained so far by this method seem to be remarkably good, and there seems to be no doubt that both for facility and simplicity there is much to be said in favour of the operation above described.

### MASSAGE IN SPRAINS.

THE old-fashioned treatment of sprains by absolute rest and the application of cooling lotions until the swelling had been subdued, has been threatened to be superseded by a treatment proposed by an American surgeon. He recommends and carries out a system of massage, commenced as soon as the patient is seen. Briefly, it consists of passive movements—massing the leg, for example, in a case of sprained ankle, from below upwards, with the object of clearing the veins and lymphatic canals of the limb; and then more gentle manipulation of the joint itself will, it is asserted, clear the vessels of the inflamed area, will thus remove the usual swelling, and prevent or cure pain, and will render the cure much more rapid and complete than under the ordinary treatment.

### EMPHYEMA IN CHILDREN.

AN important article has recently appeared in an American contemporary upon the treatment of emphyema in children. The condition is by no means infrequent in delicate and strumous cases. Briefly, it may be said to follow most frequently an ordinary attack of pleurisy in which a serous fluid is poured out into the pleural cavity, and this, in consequence of the ill-health of the child, becomes converted into pus. Then, we have the condition practically, of an abscess in the chest, between the lung and the chest walls, and it requires to be treated upon the general principles which guide medical men in the treatment of any other case of abscess. The pus must be removed as speedily as possible. It is, therefore, a general rule to remove the matter from the chest by a free incision, as soon as its presence is certain. In some cases, surgeons have removed part of one of the ribs in order to allow the pus to flow away without hindrance, and it is a point which is rather questioned by the facts given in the paper to which we allude, whether this further operation is necessary. Practically, it is pointed out, that statistics show that, especially in young children, the removal of part of a rib adds a new danger to the case, and all the good results are generally obtained by a free incision into the chest, and the passage of a drainage tube so as to permit the free egress of the contained pus. In nursing such cases, it is important to remember not only that the wound

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